



Consent for Counseling Services

Date of referral: _____

Per the Bowie Unified District Screening policy, students may be seen once by a school counselor without parental consent. We need your consent to continue services throughout the remainder of the school year. Please indicate below which services you agree to.

I give my child _____ permission to speak with the school counselor (Darcy Despain) as per his/her accommodation plan; or at the request of the school and / or the parent as noted in the student's individual file.

Group Sessions

Individual Sessions

Signature of Parent / Guardian: _____

Date: _____